PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE are required to respond to a collection of information unless it displays a valid OMB control number **Application Number** 10/695,121 TRANSMITTAL Filing Date October 27, 2003 First Named Inventor **FORM** Graham B. McCloy Art Unit 2875 **Examiner Name** Thomas M. Sember (to be used for all correspondence after initial filing) Attorney Docket Number SCH-00026-COA Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)										
<b>✓</b>	Fee Trans	ee Transmittal Form			Drawing(s)		After Allowance Communication to TC			
	<b>√</b> Fe	ee Attached		Licensing-related Papers				Appeal Communication to Board of Appeals and Interferences		
	Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority  Document(s)		Petition Petition Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address  ✓ Terminal Disclaimer  Request for Refund CD, Number of CD(s) Landscape Table on CD  Remarks  Applicant believes no fee to be due for the attached filing, however, sho					I Notice, Brief, Reply Brief) etary Information  Letter Enclosure(s) (please Identify : eipt Postcard		
Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53			ition Issing Parts FR 1.52 or 1.53	additional fees be due in order to prevent the abandonment of this application, please consider this as authorization to charge Deposit Account No. 501612 (Warn, Hoffmann, Miller & LaLone, P.C.) for any such fees due.						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT										
Firm Name Warn, Hoffmann, Mill				ler & LaLone, P.C.						
Signature							· ·			
Printed name Philip R. Warn										
Date		Augus	August 26, 2005			Reg. No.	32775			
CERTIFICATE OF TRANSMISSION/MAILING										
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:										
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red to respond to a collection of information unless it displays a valid OMB control number Under the Panerwork Reduction Act of Effective on 12/08/2004 TRADE MARS.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Complete if Known 10/695,121 **Application Number** TRANSMIT Filing Date October 27, 2003 For FY 2005 First Named Inventor Graham B. McCloy **Examiner Name** Thomas M. Sember Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2875 TOTAL AMOUNT OF PAYMENT 130.00 SCH-00026-COA Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Name: Warn, Hoffmann, Miller & LaLone, P.C. Deposit Account Deposit Account Number: 501612 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 200 Utility 150 500 100 250 200 Design 100 100 50 130 65 200 300 160 Plant 100 80 150 Reissue 300 150 500 600 300 250 Provisional 200 100 0 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissues) Multiple dependent claims 360 180 **Total Claims Extra Claims** Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee (\$) Fee Paid (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Fee Paid (\$) Indep. Claims Fee (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Total Sheets** Extra Sheets (round up to a whole number) x - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 130.00 Other (e.g., late filing surcharge): Terminal Disclaimer Fee

SUBMITTED BY Registration No. 32775 Telephone (248) 364-4300 Signature (Attorney/Agent) Date August 26, 2005 Name (Print/Type) Philip R. Warn

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